



# The Commonwealth of Massachusetts

Department of Public Safety  
Massachusetts State Building Code (780 CMR)

## Building Permit Application

to Construct, Repair, Renovate or Demolish a Building  
Other than a One- or Two-Family Dwelling

---

### Requirements for Building Permits

Permit requirements are specified in Chapter 1 of the MA State Building Code. Applicants should review the requirements to avoid common problems. The standard form below incorporates the code requirements and is provided for use by municipalities to achieve permit consistency across the State. Municipalities may use a variant of this form but it must contain at least the same information. Please contact the municipality where the work will be done for the proper form or follow the instructions below if this standard form is acceptable.

### Filing Instructions

- Complete the application. The application is available in Word or PDF format so check to see what is acceptable to the local building official.
- Include construction documents, specifications, and other materials required.
- Check if the local municipality requires confirmation that property taxes, water fees, etc. are not outstanding.
- Also, check if the local building official requires construction control forms (see section 107 in the building code) with this application.
- Submit the application package with a check made payable to the municipality for the fee as determined by the municipality.



# The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR)

Building Permit Application for any Building other than a One- or Two-Family Dwelling

Town of Carver

Revised March 2011

(This Section For Official Use Only)

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Building Official: \_\_\_\_\_

## SECTION 1: LOCATION

No. and Street \_\_\_\_\_ City /Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Name of Building (if applicable) \_\_\_\_\_

Assessors Map # \_\_\_\_\_ Block # and/or Lot # \_\_\_\_\_

## SECTION 2: PROPOSED WORK

Edition of MA State Code used \_\_\_\_\_ If New Construction check here ☐ or check all that apply in the two rows below

Existing Building ☐ Repair ☐ Alteration ☐ Addition ☐ Demolition ☐ (Please fill out and submit Appendix 2)

Change of Use ☐ Change of Occupancy ☐ Other ☐ Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes ☐ No ☐

Is an Independent Structural Engineering Peer Review required? Yes ☐ No ☐

Brief Description of Proposed Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34) ☐

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

## SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

## SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 ☐ A-2 ☐ Nightclub ☐ A-3 ☐ A-4 ☐ A-5 ☐ B: Business ☐ E: Educational ☐

F: Factory F-1 ☐ F-2 ☐ H: High Hazard H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐

I: Institutional I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ M: Mercantile ☐ R: Residential R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐

S: Storage S-1 ☐ S-2 ☐ U: Utility ☐ Special Use ☐ and please describe below:

Special Use Description:

## SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐

## SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or identify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
--------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

Railroad right-of-way:

Not Applicable ☐

or Consent to Build enclosed ☐

Hazards to Air Navigation:

Is Structure within airport approach area?

Yes ☐ or No ☐

MA Historic Commission Review Process:

Is their review completed?

Yes ☐ No ☐

## SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

Design Occupant Load per Floor and Assembly space: \_\_\_\_\_

# SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

Name (Print) No. and Street City/Town Zip

Property Owner Contact Information:

Title Telephone No. (business) Telephone No. (cell) e-mail address

If applicable, the property owner hereby authorizes:

Name Street Address City/Town State Zip  
to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

## SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 1)

If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here ☐ .

Otherwise provide construction control forms (see section 107 in the code) as required.

### 10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State , Zip	Discipline Expiration Date

### 10.2 General Contractor

Company Name

Name of Person Responsible for Construction License No. and Type if Applicable

Street Address City/Town State Zip

Telephone No. (business) Telephone No. (cell) e-mail address

## SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Is a signed Affidavit submitted with this application? Yes ☐ No ☐

## SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Item

Estimated Costs: (Labor and Materials)

1. Building	\$
2. Electrical	\$
3. Plumbing	\$
4. Mechanical (HVAC)	\$
5. Mechanical (Other)	\$
6. Total Cost	\$

Total Construction Cost (from Item 6) = \$

Building Permit Fee = Total Construction Cost x (Insert here appropriate municipal factor) = \$

Note: Minimum fee = \$ (contact municipality)

Enclose check payable to (contact municipality) and write check number here

## SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Please print and sign name Title Telephone No. Date

Street Address City/Town State Zip Email Address

Municipal Inspector to fill out this section upon application approval:

Name

Date

## Appendix 1

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

### Checklist for Construction Documents\*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

\*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction.

### Registered Professional Contact Information

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State    Zip	Discipline    Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State    Zip	Discipline    Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State    Zip	Discipline    Expiration Date

Please follow this [link](#) for construction control forms to be used by Registered Design Professionals.

**Appendix 2**  
**(For total demolition only)**

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

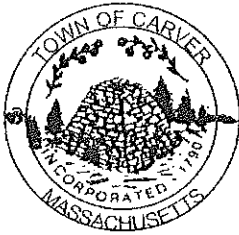
Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location

No. and Street	City /Town	Zip	Name of Building (if applicable)
Assessors Map #	Block # and/or Lot #		

For the above described property the following action was taken:

Water Shut Off?	Yes <input type="radio"/>	No <input type="radio"/>	Provider notified and Release obtained?	Yes <input type="radio"/>	No <input type="radio"/>
Gas Shut Off?	Yes <input type="radio"/>	No <input type="radio"/>	Provider notified and Release obtained?	Yes <input type="radio"/>	No <input type="radio"/>
Electricity Shut Off?	Yes <input type="radio"/>	No <input type="radio"/>	Provider notified and Release obtained?	Yes <input type="radio"/>	No <input type="radio"/>
_____	Yes <input type="radio"/>	No <input type="radio"/>	Provider notified and Release obtained?	Yes <input type="radio"/>	No <input type="radio"/>
Other (if applicable)					
_____	Yes <input type="radio"/>	No <input type="radio"/>	Provider notified and Release obtained?	Yes <input type="radio"/>	No <input type="radio"/>
			Other (if applicable)		



# TOWN OF CARVER BUILDING DEPARTMENT

108 Main Street • Carver, Massachusetts 02330  
Tel: 508-866-3405 • Fax: 508-866-3430

## CONSTRUCTION CONTROL DOCUMENT

Project Title:  
Project Location:  
Scope of Project:

Date:

In accordance with section **107.6-107.65** of the 8<sup>th</sup> edition of the Massachusetts State Building Code:

I, \_\_\_\_\_ Mass. Registration Number \_\_\_\_\_  
being a registered professional Engineer/Architect hereby CERTIFY that I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

☐ Entire Project ☐ Architectural ☐ Structural ☐ Mechanical  
☐ Fire Protection ☐ Electrical ☐ Other \_\_\_\_\_

for the above named project and that to the best of knowledge such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, all acceptable engineering practices and all applicable laws for the proposal project.

Furthermore, I understand and AGREE that I shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to determine that the work is proceeding in accordance with the documents approved by the Building Permit and shall be responsible for the following as specified in Section 116.2.2:

1. Review of shop drawings, sample and other submittals of the contractor as required by the construction contract documents as submitted for the building permit and approval for the conformance to the design concept.
2. Review and approval of the quality control procedures for all code required controlled materials.
3. Be present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality for the work and to determine in general if the work is being performed in a manner consistent with the construction documents.

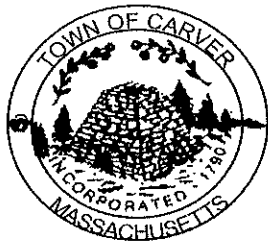
I shall submit periodically, in a form acceptable to the building official, a progress report together with pertinent comments. Upon completion of the work, I shall submit to the building official report as to the satisfactory complete and readiness of the project for occupancy.

Signature of registered professional:

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_, my commission expires on \_\_\_\_\_.

Notary Public



Town of Carver

108 Main Street

Phone: 508-866-3405

Fax: 508-866-3430

1. Tenant Name: \_\_\_\_\_
2. Site Address: \_\_\_\_\_ Unit/Bldg # \_\_\_\_\_
3. Complex Name: \_\_\_\_\_
4. Work being done:
5. Type of System: ☐ Dry Chemical ☐ Wet Chemical ☐ Clean Agent ☐ Carbon Dioxide
6. Hazard being Protected: ☐ Fuel Dispensers ☐ Fixed Hood & Ducts ☐ Tel/Data Room ☐ Other
7. Description of work, (be specific, use the back of the application if necessary): \_\_\_\_\_  
\_\_\_\_\_
8. Fee: ☐ Paid ☐ Due ☐ N/A

Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
License Number: \_\_\_\_\_

**All of the following information is required to be submitted with this application:**

☐ Plans ☐ Cut sheets or references for all devices ☐ All necessary calculations and references

Failure to PROVIDE ANY of the above requested information may result in a delay of the review process and the rejection of your application.

**I understand that the installation is to comply with Carver Fire Department Guidelines and all applicable NFPA Standards, and that upon completion of the installation a Certificate of Complete shall be filled with the Carver Fire Department.**

\_\_\_\_\_  
Print Name (APPLICANT) and PHONE NUMBER

\_\_\_\_\_  
SIGNATURE (APPLICANT)

\_\_\_\_\_  
OFFICIAL RECEIVING APPLICATION

\_\_\_\_\_  
DATE RECEIVED